

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 - 1 6

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

09-01-01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-b. FFY 2002 \$ 693,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A, Page 1a
Attachment 2.2-A, Page 9b39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same page, Revised 11-01-98, TN#98-23
Delete page, (same as Attachment 2.2-A
psge 4a

10. SUBJECT OF AMENDMENT:

Accelerated phase-in of children through age 18 at 185% of FPL.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9-20-01

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, #124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 25, 2001

18. DATE APPROVED:

November 13, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

Revision: Oklahoma
December 1997

Corrected
Supplement 8a to Attachment 2.6-A
Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

☒ Section 1902(f) State

☐ Non-Section 1902(f) State

For children described in 1902(a)(10)(A)(i)(VII), 85% of the Federal Poverty Level as revised annually in the Federal Register, by family size, will be disregarded from income. (Benefits for children eligible under this category will terminate at the end of the month of the attainment of age 19).

Revised 09-01-01

TN No. OK-01-16

Approval Date 11-13-01

Effective Date 09-01-01

Supersedes

TN No. OK-98-23

STATE <u>Oklahoma</u>	A
DATE REC'D <u>09-25-01</u>	
DATE APP'D <u>11-13-01</u>	
DATE EFF <u>09-01-01</u>	
HCFA 179 <u>OK-01-16</u>	



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Calvin G. Cline
Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

November 13, 2001

Our Reference: **SPA-OK-01-16**

Mr. Jim Hancock, Director
Health Policy Division
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Hancock:

We have enclosed a copy of HCFA-179, **Transmittal # 01-16**, dated September 20, 2001. This material accelerates the phase in of children through age 18 at 185 percent of the FPL.

We have approved the amendment for incorporation into the official Oklahoma State Plan **effective September 1, 2001.**

If you have any questions, please contact Phil Koether at (214) 767-6405.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Wesiman, CMSO (Clearinghouse)